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§2–506. NOT IN EFFECT

** TAKES EFFECT JULY 1, 2022 PER CHAPTERS 325 AND 326 OF 2021 **

On or before December 1 each year, the Office shall submit a report to the Secretary, the Governor, and, in accordance with § 2–1257 of the State Government Article, the Senate Budget and Taxation Committee, the Senate Finance Committee, the House Appropriations Committee, the House Health and Government Operations Committee, and the Joint Audit and Evaluation Committee on:

- (1) The Office's activities during the immediately preceding fiscal year, including:
- (i) Investigations of fraud, waste, and abuse of departmental funds undertaken by the Office, including specific findings and recommendations related to the investigations;
- (ii) A summary of matters referred to the Medicaid Fraud Control Unit by the Office;
- (iii) Recoveries by the Office of mistaken claims paid or payments obtained in error or fraudulent claims paid to or obtained by a provider;
- (iv) Recoveries by the Office of the cost of benefits mistakenly paid or obtained in error, or fraudulently paid to or obtained by a recipient; and
- (v) A summary of matters referred to prosecutive authorities and the resulting prosecutions and convictions; and
- (2) Any regulatory or statutory changes necessary to ensure compliance with applicable federal and State laws.

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